

# Autism Services Division Autism Training Event Report



**Report is DUE by July 31, 2015**

Name of Agency/Organization: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Date(s), Time(s) and Location(s) of Event:

Number of people who attended event: \_\_\_\_\_

**Describe how the event promoted training efforts for people of the community dealing with an autism diagnosis, either personally or professionally, and supported beneficial public policy:**  
(Attach additional pages if needed.)

[illegible]

**Describe how the event was promoted in the community. (Describe how grantee identified the Department of Human Services (DHS) as a sponsor by including where the DHS Logo was used in all outreach materials and provide a copy of those outreach materials (i.e. poster, flyer, etc.):**

---

---

---

---

---

**What portion of your autism training event's total costs did the Division's stipend represent?**

Less than 1/4th of the total costs

About 3/4 of the total costs

About 1/2 of the total costs

Almost 100% of the total costs

Signature of applicant

Date